



Robert E. Bush
Naval Hospital

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE web-site.

- * Through the Naval Hospital Customer Comment Cards.

- * The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

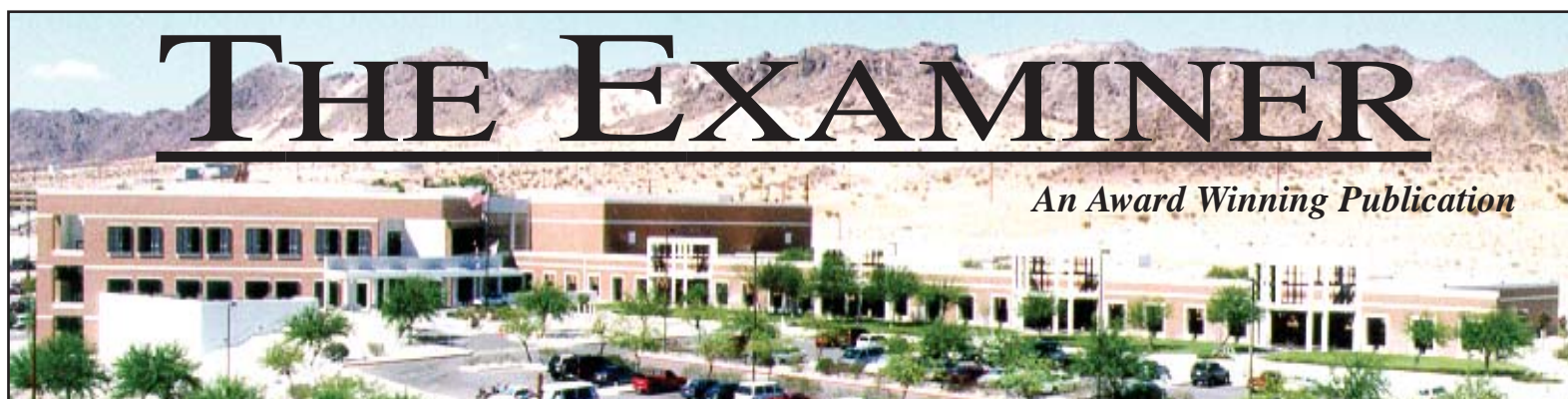
Or Directly to the Joint Commission via:

E-mail at
complaint@jointcommission.org

Fax:
Office of Quality Monitoring
630-792-5636

Mail:
Office of Quality Monitoring
The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

Commanding Officer
Naval Hospital Public Affairs Office
Box 788250 MAGTFTC
Twentynine Palms, CA 92278-8250



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

Naval Hospital Honors People of the Quarter

The Robert E. Bush Naval Hospital has selected its latest Officer, Sailors and Civilians of the Quarter for the period of July 1, through Sept. 31.



Lt. Todd Hlavac

Lieutenant Todd Hlavac, Pediatric Clinic has been named as the Officer of the Quarter.

His citation reads in part, "As Pediatric Department Clinical Business Manager, you totally overhauled many processes of the Immunization Clinic. While

analyzing results and providing recommendations, you ensured 6,000 pediatric beneficiaries received immunizations with no delay in care. You analyzed the telephone consult charting process in the Pediatric Department and identified process improvement initiatives that captured blood draws, saving the command 2,500 dollars. You were instrumental in collaborating and coordinating with staff personnel in revising command policies for preparation of the Medical Home Model. You are an exemplary Naval Officer with outstanding work ethic and clinic acumen. You kept abreast of evolving Pediatric Medical Home clinical requirements and continued to learn and improve your skill techniques. You excelled as a supervisor and leader by coordinating and organizing priorities for every-day operations of two very unique units."

Petty Officer 1st Class Matthew Skipworth, Branch Health Clinic China Lake, and been selected as the Senior Sailor of the Quarter.

His citation reads in part "As the Leading Petty Officer for Aviation Medicine Department, Branch Health Clinic China Lake, you were responsible for



HM1 Matthew Skipworth

leading and mentoring four Aviation Technicians and one General Duty Corpsman.

During this period, you were in charge of overseeing 300 appointments made for flight physicals, overseas screenings, eye exams, physical health assessments, and audiograms during this quarter. You were personally selected by clinic leadership to serve as the HEDIS Coordinator. You actively facilitated the care of 974 patients in completing various preventive health screenings/exams and implemented "no less than ten calls per staff member each day" that averages out to 250 calls per week. You scheduled regular monthly meetings and assisted with monthly newsletters. Through your efforts, you increased patient appointments for HEDIS by 20 percent for the month of August."

Lori Parker, Branch Clinic China Lake, has been picked as

the Senior Civilian of the Quarter.

Her citation reads in part, "Your compassion and competence was noted by staff and patients alike. You enthusiastically agreed to closely survey and monitor the valuable HEDIS measures for BHC China Lake diabetic patients, by reviewing and ordering appropriate labs, contacting patients, and scheduling follow-up appointments. You provided training to 75 individuals to ensure maximum compliance with HEDIS measures. Your efforts included detailed evaluations of patient status by obtain-



Lori Parker

most up-to-date data on patients seen by outside providers. You actively assisted with all areas of HEDIS and were the clinic primary point of contact for all matters concerned with Population Health for China Lake. You coordinated and

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Patients seen in September -- 10,338
Appointment No Shows in September -- 1,074

One in ten patients do not show up for their appointments at this hospital. If an appointment is no longer needed, please call so another patient can be seen.

To make an appointment call -- 760-830-2752
To cancel an appointment call -- 760-830-2369

Family History and Your Health: National Family History Day

*By Martha Hunt, MA CAMF
Health Promotions Coordinator
Robert E. Bush Naval Hospital*

Each year since 2004, the US Surgeon General has declared Thanksgiving to be National Family History Day.

Over the holiday or whenever families gather together, the Surgeon General encourages Americans to talk about and write down the health problems that seem to run in their family. Learning about your family's health history may help ensure a longer, healthier future for you and your loved ones.

Gathering what you need to create your own family health portrait: Knowing your family's health history can save your life and the lives of those you love.

By tracing the illnesses suffered by your parents, grandparents and other relatives you can help your doctor predict some health problems that may face you or your family. To help you organize your family's health information, the U.S. Surgeon General has developed an online tool called "My Family Health Portrait," which is available at <https://familyhistory.hhs.gov/>. This tool can be used online or can be printed and used as a paper record of your family's health. If you chose to use the online tool to record your family medical history, the information you place there is guaranteed private in accordance with HIPAA. Before you start using this tool, you will need to talk with your family members to gather more details about their health histories. Here are some suggestions on how to plan and conduct those important conversations.

Make a list of relatives. Write down the names of the blood relatives that you need to include in your family health history. The most important relatives to talk to are your parents, brothers and sisters, and your children. Next should be your grandparents, uncles and aunts, nieces and nephews, and any half-brothers or half-sisters. It is also helpful to talk to great uncles and great aunts, as well as cousins if they are available.

Prepare your questions. Write out your questions ahead of time because it will help you to focus your discussion. Among the

questions to ask are: Do you have any chronic illnesses, such as heart disease, high blood pressure or diabetes? Have you had any other serious illnesses, such as cancer or stroke? How old were you when you devel-

...By tracing the illnesses suffered by your parents, grandparents and other relatives you can help your doctor predict some health problems that may face you or your family...

oped these illnesses? Have you or your partner had any difficulties with pregnancies, such as miscarriages? What medications are you currently taking?

Also ask questions about other relatives, both living and deceased, such as: What is our family's ancestry? What country did we come from? Has anyone in the family had learning or developmental disabilities? What illnesses did our late grandparents have? How old were they when they died? What caused their deaths?

Find a good time to talk. Consider talking with your relatives when your family is together in a relaxed setting. A good time may be at reunions, cookouts or holidays such as Thanksgiving. If it's not possible to talk to your relatives in person, you can also talk with them over the telephone or send them questions by mail or e-mail.

Explain to your relatives what you are doing. Begin your conversation by explaining that learning more about your family health history can help save lives in your family. Let your relatives know that the information they share about their individual health histories will help you create a Family Health Portrait that will benefit the entire family.

Keep a record. Remember to bring along a pencil and paper or a tape recorder to keep track of what your relatives tell you. That way you will have their health information handy when you sit down to create My Family Health Portrait online or to fill out the paper version.

Ask one question at a time. It will be easier for your relatives to provide you with useful infor-

mation if you keep your questions short and to the point. If you need more details, ask follow-up questions such as "why...how or when." Try to get as much specific information as possible.

Respect your relatives' feelings. Some family members may not want to share all or certain parts of their health information. This can be a difficult situation. Be sensitive to their

feelings, and let them know that whatever information they can provide will be helpful. And remember that your family member has the right to privacy and may choose not to participate.

Take one step at a time. If during your talks, you find out about a serious health problem that you didn't know existed in your family, don't panic. Move ahead with creating your Family Health Portrait. Then take your Family Health Portrait to your health care provider who can help you assess and understand what the information means for the health of you and your family.

Filling in the gaps. For relatives who are deceased or for whom you have incomplete health information, try asking

other relatives or health care providers for information about their health histories. Whenever possible, get copies of medical records, birth and death certificates to document the type of health condition diagnosed in yourself or your relatives. Different states have different regulations as to who has access to birth and death records. Check with that state to be sure you actually may have access to those records.

Keep your family's health history up-to-date. As children are born and family members develop illnesses, remember to add that information to your Family Health Portrait. It may take a little time and effort, but you will be creating a lasting legacy that will improve the health of your family for generations to come.

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TRICARE Focuses on Smoking and the Benefits of Quitting

FALLS CHURCH, Va. --Although the decline in the U.S. adult smoking rate has stalled over the past several years, smoking amongst active duty personnel remains a problem.

The 2008 Department of Defense (DoD) survey, "Health Related Behaviors Among Active Duty Military Personnel," reported that 30.5 percent of active duty personnel smoke. A June 2009 Institute of Medicine report, commissioned by the Department of Veterans Affairs and the DoD, found that 22 percent of all veterans smoke.

For beneficiaries looking to quit, TRICARE offers multiple programs and services to help. Treatment, including smoking cessation programs, is available at many military treatment facilities. Beneficiaries can find a local military treatment facility at www.tricare.mil/mtf.

All non-Medicare eligible TRICARE beneficiaries within the United States can get assistance with smoking cessation by calling TRICARE's Smoking Quitline, toll-free, 24

hours a day, seven days a week, including weekends and holidays. Beneficiaries in the TRICARE South Region can reach the quitline at 877-414-9949. Beneficiaries living in the North Region can call 866-459-8766 and those living in the West Region can call 866-244-6870. Beneficiaries using Medicare can get assistance through Medicare.

Any TRICARE beneficiary who wants to quit using tobacco, including the smokeless kind, can access the official DoD sponsored website at www.ucanquit2.org. "Quit Tobacco. Make Everyone Proud" is an educational campaign available to help beneficiaries develop personalized plans for quitting. Beneficiaries can play games, listen to podcasts, connect to online cessation programs and chat with trained cessation counselors. Assistance is available seven days a week, from 8:30 a.m. to 10:00 p.m. Eastern time.

DOD Website Helps Young People Plan Futures

By Cheryl Pellerin
American Forces Press Service

WASHINGTON, Oct. 27, 2010 - A new Defense Department website gives military service equal billing with colleges and careers for people

ages 16 to 24 who are exploring options for their futures, the program director said yesterday.

DOD's Joint Advertising Market Research and Studies program announced the launch of Myfuture.com, which has information on more than 1,000 military and civilian careers and

nearly 7,000 accredited colleges, universities and trade schools, Matt Boehmer told the Pentagon Channel and American Forces Press Service.

"The proportion of youth who tell us they've never considered the military is at the highest rate we've ever seen," Boehmer

said, noting that traditional college- and career-planning websites rarely offer information about military service.

"The Myfuture.com website aims not only to inform but to interest youth who may never have considered military service," he said.

The website is a central resource for information on college admission requirements, employment trends and military benefits, Boehmer added. It provides advice about preparing academically for college, landing a first job interview and preparing for military basic training.

"By placing the military side by side with college and career opportunities, the website allows them to explore all possibilities and gain insight into each option," Boehmer said. "We also make the point that the three do not have to be mutually exclusive."

DOD produces the site using data from the departments of

Commerce, Education and Labor.

The website is being advertised on social media sites such as Facebook, Twitter and YouTube, Boehmer said. The YouTube site features two songs written for Myfuture.com and performed by Brooklyn rapper DeStorm Power.

"We need to go out where the kids are, and that today is social media," Boehmer said. "Instead of having them come to us, what we've decided to do is go to them and engage the youth in their own environment."

Myfuture.com has been live for several months, he said, and the number of users has risen steadily. The military information pages have had 100,000 page views so far, and more than 3,000 visitors have created accounts on the website.

"Even though the site has only been up for a short time," Boehmer said, "we feel those are great signs of success."

DoD Chosen to Manage Breast Cancer Research

By Cheryl Pellerin
American Forces Press Service

WASHINGTON, Oct. 19, 2010 -- Taxpayers with a stake in breast cancer research chose the Army to manage federal funds that are awarded to some of the best breast cancer researchers in the world.

Every year since 1992, Congress has added millions of dollars to the Defense Department's budget so the U.S. Army Medical Research and Materiel Command at Fort Detrick, Md., can help scientists fight breast cancer.

The Breast Cancer Research Program is just one of the congressionally directed medical research programs that have managed \$6 billion in appropriations through fiscal 2010. Funding covers such afflictions as Gulf War illness, prostate cancer, spinal cord and traumatic brain injuries, autism and genetic studies of food allergies. But the largest share of money -- and the first research to be funded by the program -- goes to scientists whose work targets breast cancer prevention, detection, diagnosis and treatment.

"We don't invest any funds into raising breast cancer awareness or educational outreach," oncologist and Army Capt. (Dr.) E. Melissa Kaime told American Forces Press Service. "That isn't the mission given to us by Congress. All of our funds go toward research and management of that research. And we really do try to complement other funding agencies and not compete, and so move the field forward in a unique way."

In 1992, breast cancer patients and survivors marched on Congress with a compelling request for more research, Kaime said.

"They wanted research that was innovative, that was willing to take a risk and that was going to have an impact and leapfrog the field forward," she

said. To manage the program, the advocates had a choice among the Army Medical Research and Materiel Command and other research institutions.

"When the advocates met with our commanding general at the time, they found a very welcoming



Air Force Staff Sgt. Erika Haskins uses a ruler to measure a mammogram film to pinpoint areas that are more likely to develop breast cancer at Aviano Air Base, Italy, Nov. 1, 2004.

U.S. Air Force photo by Airman Scherrie K. Gates

organization," Kaime said. "This command has done biomedical research for many decades specifically focused on the needs of warfighters, [including] military operational medicine, combat casual-

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Super Stars...



Lt. Cmdr. Mark Anderson, General Surgery, receives a Gold Star in lieu of his second Navy and Marine Corps Commendation Medal.



LSCS Francisco Diego, Materials Management, receives a Navy and Marine Corps Commendation Medal.



HN Robert Hess, Security, receives a Navy and Marine Corps Achievement Medal.



Lt. Bernadette Houston, Interim Comptroller/Director Resource Management, receives a Gold Star in lieu of her fourth Navy and Marine Corps Commendation Medal.



Lt. Kirsten Vesey, Audiologist, receives a Navy and Marine Corps Commendation Medal.



CS3 Renato Batallones, a Navy and Marine Corps Achievement Medal.



HM3 Marc Maxwell, Family Medicine, receives a Navy and Marine Corps Achievement Medal.



HM2 Ashley Groke receives a Navy and Marine Corps Achievement Medal.



Lt. Anne Jarrett, Audiologist, receives a Gold Star in lieu of her second Navy and Marine Corps Commendation Medal.



HM2 Zachary Boles, Physical Therapy, recently took the oath to reenlist in the U.S. Navy.



HMC Augustus Delarosa, Patient Administration, receives his sixth Good Conduct Medal.



HN Jason Dyrhaug, Manpower, receives his first Good Conduct Award.



HMC Thomas Tennison, Medical Services, receives his fifth Good Conduct Award.



Cmdr. Carol Grush, left, Organizational Performance Improvement Coordinator, and HM3 Nicole Gacayan, right, Preventive Medicine, are First Place Winners in the Preventive Medicine Abstract Informational Competition.

Happy 235th Birthday U.S. Navy!



Above, from left to right, Captain Charles Nixon, Emergency Medicine Department, HA Zachary Zalone, Multi-Service Ward and Captain Ann Bobeck, Commanding Officer, Naval Hospital participate in the cake cutting at the Navy Birthday Ball in La Quinta, Calif.

In the photo to the left, those participating in the Birthday Cake Cutting, from left to right is Captain Bobeck, Retired Force Master Chief Lou Green, HA Zalone and current Force Master Chief Laura Martinez. Looking on is two members of the hospital's Color Guard, left to right, HN James Louck, and HN Avery Hall, both of the Adult Medical Care Clinic.

DOD Unveils Smart Phone Mental Health Application

*By Cheryl Pellerin
American Forces Press Service*

WASHINGTON, Oct. 27, 2010 - A free smart phone mobile application that will help servicemembers, veterans and family members track their emotional health is now available, Defense Department officials announced this week.

The application was developed at the National Center for TeleHealth and Technology at Joint Base Lewis-McChord, Wash. “Our mission here ... is to leverage technology to support the behavioral health needs of servicemembers and families,” Perry Bosmajian, a psychologist with the center, told American Forces Press Service.

Though several companies and organizations offer online, digital and even paper mood-tracking tools, he said, the DOD center “focused on issues that would be related to deployment.”

The application lets users monitor emotional experiences associated with common deployment-related behavioral health issues such as post-traumatic stress, brain injury, life stress, depression and anxiety, Bosmajian said. Users also can add issues they’d like to monitor, such as pain.

Each issue has a set of 10 descriptions called affective anchors, or feeling anchors, that let users focus in on exactly how the issues are making them feel. Within depression, for example, the rating screen shows a set of 10 anchors, Bosmajian explained. “One might be depressed-happy, and you would move a slider to indicate where on that scale you fit,” he said.

Others might include worthless-valuable, tired-energetic or lonely-involved. The application also lets users make notes about special circumstances for any given day or rating.

“It’s very easy,” Bosmajian said. “It’s the same as typing in a text message.”

The application keeps track of the user’s inputs. “Once you’ve made your rating for a given day,” he said, “you go immediately to a graph that shows every rating you’ve done in that particular area. If you were rating depression, you’d get a graph of all your depression ratings for as long as you’d been monitoring that issue.”

Servicemembers, veterans or family members can use the results as a self-help tool or share them with a therapist or health care professional as a record of their emotional experience over time.

“Therapists and physicians often have to rely on patient recall when trying to gather information about symptoms over the previous weeks or months,” Bosmajian said. “Research has shown that information collected after the fact, especially about mood, tends to be inaccurate. The best record of an experience is when it’s recorded at the time and place it happens.”

Bosmajian said more than 5,000 people have downloaded the application in just over a month and have recorded more than 8,000 sessions.

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Save cash - know emergency and urgent care

*By Shari Lopatin
TriWest Healthcare Alliance*

When sickness or injury strikes, service members and their families may save money by knowing the difference between emergency and urgent care.

Understanding when something constitutes an emergency, or what to do if you need urgent care after-hours, could help you avoid longer waits and out-of-pocket costs.

Emergency Care

Anything severe enough to reasonably believe life, limb or eyesight could be threatened is an emergency. This includes maternity and psychiatric emergencies. Examples of emergency situations are:

- * No pulse
- * Inability to breathe
- * Spinal cord or back injury
- * Severe bleeding
- * Chest pains
- * Severe eye injuries
- * Broken bones
- * Car accident

In an emergency, beneficiaries should call 9-1-1 or visit the nearest emergency room. Within 24 hours after the visit, TRICARE Prime patients should call their primary care manager...especially if the visit resulted in an inpatient admission. The primary care manager could be their local military clinic.

Urgent Care

An illness or injury that won’t cause further disability or death if not treated immediately, but needs medical attention to keep it from evolving into a greater threat, requires urgent care. Examples of urgent care include:

- * Minor lacerations
- * Urinary tract infections
- * Earaches
- * Migraine headaches
- * Sprains
- * Rising fever

Service members and their families should use urgent care facilities through their military clinics first. If that’s not an option, they will need to acquire an authorization to visit a community urgent care from their primary care manager or military clinic. Should they need help after-hours and are not sure who to call, they can contact TriWest Healthcare Alliance at 1-888-TRIWEST (874-9378) for guidance.

Beneficiaries that don’t receive an urgent care authorization for a community facility may be billed under TRICARE Prime’s point-of-service option. This includes additional cost shares and a deductible.

Service members and their families who are not traveling and are at their residences can find a local urgent care facility that accepts TRICARE through TriWest’s online provider directory at www.triwest.com/providerdirectory.

For more helpful TRICARE tips, follow TriWest on Facebook and Twitter at www.facebook.com/triwest and www.twitter.com/triwest.

TRICARE’s New Website Allows Easier Access to Info

FALLS CHURCH, Va. -- A new website design at www.tricare.mil gives beneficiaries a faster, more personalized way to get the TRICARE information they need. The redesign includes improvements to the profile entry field, as well as new sections such as “New to TRICARE,” “Crisis Center” and “Quick Links.”

The improved profile entry feature makes it easier and faster for beneficiaries to answer three simple questions about status, location and health care plan to bring up information specifically tailored to them.

Beneficiaries who are not sure which category they fall under

can visit the “New to TRICARE” section to learn about eligibility, TRICARE plans and get enrollment information.

The “Quick Links” section provides easy access to the most popular topics beneficiaries use the TRICARE website to find -- including what’s covered, contact information and locating a provider.

The global navigation bars, found at the top and bottom of each page on the redesigned website provides access to other TRICARE portals. Providers, TRICARE staff, media and others can access these portals to find information about the TRICARE Management Activity and how to become a TRICARE

provider.

Beneficiaries can click on the “e-mail updates” link on the top bar to subscribe to e-alerts about changes to benefits and to get newsletters and news releases electronically direct from TRICARE.

Visit www.tricare.mil now to view TRICARE’s new design and offer feedback through the link on the bottom navigation bar.

Or you can log on to the Robert E. Bush Naval Hospital web site to access TRICARE’s web site or The TriWest web site, the West Coast contractor for all of your TRICARE benefits.

DoD Chosen to Manage Breast Cancer Research...

ty care and military infectious disease focus areas.”

AMRMC’S commanding general also was enthusiastic about the advocates’ desire to have a larger voice in research, Kaime said, “so we’ve had a very happy partnership since that time.”

The Army brings to the program “a very organized and efficient way of managing the research,” she added.

Any scientist around the world can submit a research proposal for funding, and scientists and consumers work together in a two-tier process to decide which projects receive funding, she said.

“We listen to consumers, who we call the survivor-advocates, because they are the ones living with the disease,” Kaime said. “They are the acid test for every research project. We ask: ‘How is [the research] going to make a difference for them or future generations, and incorporate their viewpoints and passions in all of our programs?’”

The National Cancer Institute estimates that 207,090 women will be diagnosed with breast cancer this year, and nearly 40,000 will die. Also this year, an estimated 2,000 men will be diagnosed, and 390 will die.

The Breast Cancer Research Program tries to focus on leading-edge kinds of research, program manager Dr. Gayle Vaday told American Forces Press Service.

“The bulk of our awards are made in the early stages, where it’s harder for researchers to get funding through other federal agencies,” she said. “We try to give a new idea that opportunity. It’s high-risk, but the potential for gain is there.”

For example, Dr. Lance Liotta of George Mason University and Virginia surgeon Dr. Kirsten Edmiston received an early award for research that evolved into an ongoing clinical trial to test the ability of the antimalarial drug chloroquine to reduce the long-term survival and spread of a kind of breast cancer called ductal carcinoma in situ, Vaday said. A standard treatment is to remove a tumor surgically from the breast, but it can take several days after surgery to find out if all the tumor cells are gone, she added.

Dr. Sarah Blair and colleagues at the University of California-San Diego received an award to develop an automated system that examines thousands of cells while a woman is still under anesthesia during surgery and separates cancer from non-cancer cells based on the proteins they produce.

In 1993, the program funded an application from Dr. Dennis Slamon, then chief of hematology and oncology division at the University of California-Los Angeles, to develop antibodies against breast cancer -- an idea that was unheard of at the time, Kaime said.

Slamon’s genetic studies ultimately led to the development of a drug called Herceptin that helps some of the women who have a fast-growing and deadly form of the disease.

“We don’t restrict proposals to specific topics,” Kaime said. “For this program we allow the good science to come forward. We don’t try to tell the scientific field that we must have studies on [specific topics]. We let very excellent science with innovation come to the top.”

...The Breast Cancer Research Program tries to focus on leading-edge kinds of research, program manager Dr. Gayle Vaday told American Forces Press Service...

Smart Phone...

Continued from page 6

Use of the application, he added, spans every continent except Antarctica. “We’ve gotten very good feedback from users,” he said. “It has a four-plus star rating.”

The National Center for TeleHealth and Technology is part of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

The T2 MoodTracker application, available now for smart phones that use Google’s Android operating system, should be available for iPhone users in early next year.

Naval Hospital Honors People of the Quarter...

Continued from page 1

taught two tobacco cessation classes, improving patient compliance with the Navy's new smoke-free initiative.

Additionally, you ensured personnel were current on resuscitative training by conducting two CPR courses on base for this quarter."

Petty Officer 3rd Class William Roots, General Surgery, has been named as the Junior Sailor of the Quarter.

His citation reads in part, "As lead technician of the General Surgery Service, you supervised the work performance of eight technicians in all areas. Your superior technical knowledge, performance, and dedication to duty earned you the respect of your subordinates and seniors alike. Your consistent professionalism and attention to detail with Operating Room critical supplies led to an increase in Operating Room efficiency by reducing surgical case time by 20 percent. As an experienced



HM3 William Roots

Operating Room Technician, General Surgery, and OB/GYN Supply Petty Officer, you maintained 40,000 dollar OPTAR and reduced the amount of unused surgical materials. Your efforts in collaborating with five surgeons identified the availabil-

ity of necessary supplies, inventory, and readiness of over 40 instrument sets for over 600 surgical patients annually. Your profound knowledge and ability to train and mentor personnel was evident by the successful completion of personal qualification standards of three new staff members."

William R. Williams, Manpower, has been named as the Junior Civilian of the Quarter.

His citation reads in part, "As the Defense Medical Human Resources System -- internet (DMHRSi) Coordinator, you processed 130 major DMHRSi transactions and thousands of minor corrections as part of BUMED's Fit to Fill Initiative. Throughout the process, you counseled and guided individuals regarding DMHRSi roles and provided expert knowledge to the Chain of Command with regards to this critical initiative, increasing command compliance to 44 percent, which was the



William 'Bill' Williams

third highest in Navy Medicine West."

Culinary Specialist Seaman Pheara Dy, Combined Food Operations, has been picked as the Blue Jacket of the Quarter.

His citation reads in part, "Your outstanding contributions to patient safety and high degree of customer service brought significant changes in Inpatient Meal Service. The steady 95 percent customer satisfaction rating was attained because you handled customer's complaints to their total satisfaction, resolving issues with proactive solutions. These commendable traits and your culinary skills were also keys to the success of three Retirement receptions that

thrilled guests with entrees and delightful ambiance. Your extreme pride in your uniform made you the poster-sailor for the command and hand-selected to join the elite Color Guard Detail, representing the U.S. Navy in various military honors and ceremonies. Additionally, your active role in Junior Enlisted Association inspired many young sailors to join activities promoting the Navy's fitness culture and making positive changes to the command."



CSSN Pheara Dy